

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/597,610

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23	1					
24		2				
25		2				
26		2				
27		1				
28		1				
29		1				
30		1				
31		1				
32			1			
33				1		
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42				1		
43				1		
44				1		
45				1		
46			1			
47				1		
48				1		
49				1		
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
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97						
98						
99						
100						
TOTAL IND.		↓		3		↓
TOTAL DEP.		←		17		←
TOTAL CLAIMS				20		